Please indicate the name, birth date, sex and brand preference of each cigarette smoker in your household who is 21 years of age or older. Please print clearly and place an "X" in the appropriate boxes.

	You	Spouse	Other
	Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐	Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐	Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐
1.	First Name	First Name	First Name
2.	Last Name	Last Name	Last Name
3.	Birth Date: Month – Day – Year	Birth Date: Month – Day – Year	Birth Date: Month – Day – Year
4.	Sex: Male ☐ Female ☐	Sex: Male ☐ Female ☐	Sex: Male ☐ Female ☐
5.	Brand Name	Brand Name	Brand Name
6.	Brand Flavor: Menthol ☐ Non-Menthol ☐	Brand Flavor: Menthol ☐ Non-Menthol ☐	Brand Flavor: Menthol ☐ Non-Menthol ☐
7.	Brand Size: King Size/Regular ☐ 100's/Long ☐ 120's/Extra Long ☐	Brand Size: King Size/Regular ☐ 100's/Long ☐ 120's/Extra Long ☐	Brand Size: King Size/Regular ☐ 100's/Long ☐ 120's/Extra Long ☐
8.	Do any of these words appear on the pack? Lights ☐ Low Tar ☐ Milds ☐ Ultra ☐ None of these ☐	Do any of these words appear on the pack? Lights ☐ Low Tar ☐ Milds ☐ Ultra ☐ None of these ☐	Do any of these words appear on the pack? Lights ☐ Low Tar ☐ Milds ☐ Ultra ☐ None of these ☐
9.	About how many cigarettes do you smoke on an average day? Less than a pack ☐ About a pack ☐ Over a pack ☐	About how many cigarettes do they smoke on an average day? Less than a pack ☐ About a pack ☐ Over a pack ☐	About how many cigarettes do they smoke on an average day? Less than a pack ☐ About a pack ☐ Over a pack ☐

CU8001674-21109001608

By returning this form, I certify that I and all other smokers that I provided information for are 21 years of age or older.

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Area Code – Telephone Number –

05110939879S

2061035467

Source: https://www.industrydocuments.ucsf.edu/docs/kslp0003

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